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Fax No. 513-634-5049

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Application No.: 10/665,949

Inventor(s): Uwe Schneider et al.

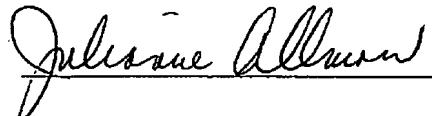
Filed: September 18, 2003

Docket No.: 9365Q

Confirmation No.: 6525

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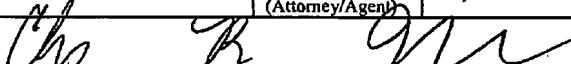
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FEES TRANSMITTAL for FY 2008 Patent fees are subject to annual revision. Effective September 30, 2007		Complete If Known	
		Application Number	10/665,949
		Confirmation Number	6525
		Filing Date	September 18, 2003
		First Named Inventor	Uwe Schneider
		Examiner Name	Barbara J. Musser
		Art Unit	1733
TOTAL AMOUNT OF PAYMENT (\$) 210		Docket No.	9365Q

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			<u>Fee Description</u>	<u>Fee Paid</u>
			Extension for reply within 1 st month	(\$120) <input type="checkbox"/>
			Extension for reply within 2 nd month	(\$460) <input type="checkbox"/>
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			Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410) <input type="checkbox"/>
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2. <u>BASIC FILING FEE - Large Entity</u>				
FILING SEARCH EXAMINATION				
<u>Fee</u> <u>Fee</u> <u>Fee</u>				
<u>Application</u>				
Type			<u>Fee Paid</u>	
Nonprovisional (\$310)	(\$510)	(\$210)		
Utility	(Total = \$1030) <input type="checkbox"/>			
Design	(\$210)	(\$100)	(\$130)	
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Reissue	(\$310)	(\$510)	(\$620)	
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Total Claims	[16]	- 21** = [0] x	<input type="checkbox"/> =	<input type="checkbox"/>
Independent Claims	[4]	- 3** = [1] x	[210]	= [210]
Multiple Dependent claims:			<input type="checkbox"/> =	<input type="checkbox"/>
** or number previously paid, if greater; For Reissues, see below				
<u>Fee Description</u>				
Claims in excess of 20 (\$50 per claim)				
Independent claims in excess of 3 (\$210 per claim)				
Multiple dependent claim, if not paid (\$370)				
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<u>SUBMITTED BY</u>				
Name (Print/Type)	Charles R. Ware	Registration No. (Attorney/Agent)	54,881	Telephone (513) 634-5042
Signature			Date	October 31, 2007

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